

NEW YORK STATE DEPARTMENT OF HEALTH
HEALTH CARE REFORM ACT - PUBLIC GOODS POOL
ATTACHMENT 2.3
SUMMARY OF APPORTIONMENT ARRANGEMENTS

ORGANIZATION
NAME: _____

FEDERAL TAX
IDENTIFICATION#: _____

TPA/ASO NAME: _____

TPA/ASO FEDERAL TAX
IDENTIFICATION #: _____

For every other payor listed below, a copy of the apportionment agreement must be attached. If additional space is needed, please photocopy this form and renumber the first column.

No.	NAME OF OTHER PAYOR	FEDERAL TAX IDENTIFICATION #	NUMBER OF INDIVIDUAL COVERED LIVES SUBJECT TO APPORTIONMENT	NUMBER OF FAMILY COVERED LIVES SUBJECT TO APPORTIONMENT
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